Medical Screening

711.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a medical screening process for newly booked inmates so that medical, mental health and dental issues are properly identified and addressed, and to obtain a medical clearance when necessary.

711.2 POLICY

It is the policy of this office that a medical screening be performed on all inmates upon arrival at the intake area to ensure that existing, emergent and urgent health care, dental or mental health needs are identified, risks are assessed and inmates with contagious and communicable diseases are properly classified and housed for their health and the health of the general population.

711.3 ELEMENTS OF MEDICAL SCREENING

The medical screening shall be performed by health services personnel when available, All completed medical screenings should be forwarded to the contract medical provider. A review of any positive findings shall be performed by a qualified health care professional.

Regardless of training, no inmate should be allowed to conduct health care evaluations or provide treatment to any other inmate.

All inmates shall complete a medical screening as part of the booking process. If an arrestee refuses to cooperate with the medical screening, the screener will complete as much of the health assessment as reasonably possible and the arrestee will be closely observed until he/she cooperates with the remainder of the screening process.

The contract medical provider should work cooperatively with the Chief Deputy of Corrections to develop the medical screening forms, which should be applicable for general health, mental health, and suicide screening purposes. The forms should be completed no later than 24 hours after the arrival of an inmate but prior to an inmate being housed in the general population. All medical screening forms shall be forwarded to the medical unit, and the qualified health care professionals shall be alerted to those that need priority attention.

711.3.1 MEDICAL SCREENING INQUIRY

The medical screening inquiry should include a review of the inmate’s prior correctional facility medical record, if any, and document the following:

- History of any infectious or communicable diseases that are considered serious in nature; current symptoms, treatment or medications; chronic illness or health issues, including communicable diseases or and any special health requirements and/or dietary needs
- Acute dental problems

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- Past and recent serious communicable disease symptoms (e.g., chronic cough, coughing up bloody sputum, lethargy, weakness, weight loss, loss of appetite, fever, night sweats)
- Mental illness, including psychiatric hospitalizations within the last three months
- Gender issues
- History of or current suicidal ideation
- Acute allergies
- History of or current prescription or illegal drug use, including the time of last use
- History or current symptoms of substance abuse withdrawal
- Current, recent or suspected pregnancy; any history of gynecological problems and present use and method of birth control
- Appearance or history of developmental disability, body deformities or other physical abnormalities
- Other health issues as identified by the contract medical provider.

The medical screening shall also seek general information about the inmate's ability to pay for medical care, including insurance or other medical benefits or resources to which an inmate is entitled (RCW 70.48.130).

Qualified health care professionals should assist in developing specific mental health medical screening questions and should provide training in analyzing inmate responses. The contract medical provider should establish the role of the qualified health care professional in the medical screening process.

Should the medical screening identify a need for a more comprehensive medical assessment of the inmate, a qualified health care professional should initiate appropriate follow-up action, which may include transporting the inmate to an off-site medical facility.

711.3.2 MEDICAL SCREENING OBSERVATION

The staff member completing the medical screening shall document the following observations:

(a) Appearance (e.g., sweating, tremors, anxious, disheveled)

(b) Behavior (e.g., disorderly, appropriate, insensible)

(c) State of consciousness (AVPU):

1. Alert - spontaneously responsive
2. Verbal - requires verbal stimulation to respond
3. Pain - requires painful stimulation to respond
4. Unresponsive - does not respond

(d) Ease of movement (e.g., body deformities, gait)

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(e) Breathing (e.g., persistent cough, hyperventilation)

(f) Skin (e.g., lesions, jaundice, rashes, infestations, bruises, scars, recent tattoos, needle marks or other indications of drug abuse)

(g) Any other observable health symptoms

The Chief Deputy of Corrections and the contract medical provider should develop a procedure through which it can be reliably determined what prescription medications the inmate is taking and the medical urgency for continuing those medications without interruption.

711.3.3 DOCUMENTATION

Written documentation of the medical screening should include the name of the screener, the date and time and the following information:

- Immediate or scheduled referral to a medical, dental or mental health professional
- Guidance regarding housing placement, including disciplinary detention if necessary
- Guidance regarding activity limitations and work assignment
- The inmate's responses to questions asked by the interviewer
- Other individualized observations and recommendations

The initial medical screening should become part of the inmate’s medical record and should be retained in accordance with established records retention schedules.

711.4 MEDICAL SCREENING DISPOSITIONS

Persons who are brought to the facility who are obviously in need of immediate medical attention shall be evaluated by the contract medical provider or if unavailable should be referred to a medical facility for medical clearance. Medical conditions that require a medical clearance include, but are not limited to, the following:

- Unconsciousness
- Uncontrolled bleeding
- Significant injuries from a motor vehicle accident
- Significant injuries from an altercation
- Significant injuries from handcuffs or other restraint devices
- Knife wounds, gunshot wounds, or lacerations
- Exposure to pepper spray, conducted energy weapon (CEW) deployment, or blunt force trauma during arrest
- Intoxication to a degree that the individual cannot speak coherently or stand or walk unaided
- Recent drug overdose

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- Suspected or known complications of pregnancy
- Active seizures
- Suspected or known complications of diabetes
- Exhibiting behavior indicating a potential danger to themselves or others
- Active tuberculosis or other serious contagious diseases
- Actively suicidal
- Any other medical condition, which, in the opinion of the booking personnel, should be urgently referred for evaluation by medically trained personnel

Inmates with these medical conditions are not suitable for admission to the facility until medically cleared by a qualified health care professional. This office requires medical clearance from an outside entity when such inmates are identified.

Medical clearance documentation shall include the medical diagnosis, treatment received at the emergency medical facility, any medications prescribed, any ongoing medical requirements, and any follow-up medical care that may be indicated before the arrestee is accepted for booking.

The Chief Deputy of Corrections is responsible for notifying local police agencies and medical facilities of the correctional facility admission refusal policy and the required clearance documentation.

Based upon the information obtained during the screening process, the classification disposition of the inmate shall be one of the following:

- General population, or other appropriate cell assignment
- General population, or other appropriate cell assignment and timely referral to appropriate health care services
- Immediate referral to health care services prior to housing

711.5 HEALTH APPRAISAL

Generally, a comprehensive health appraisal should occur within 14 days of booking (see the Health Appraisal Policy). However, when it is appropriate and based on an inmate’s health condition, an early health appraisal should be recommended. An inmate may also be cleared for housing in the general population with a prompt referral to the appropriate health care services when it is in accordance with the inmate’s overall classification. Upon the identification of a mentally disordered inmate, a healthcare professional opinion will be secured within 24 hours, or the next sick call, whichever is earliest.

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